Solicitor License

110 S. Center Street, Santaquin, Utah 84655 801-754-1011 www.santaquin.org



Note: It is strongly advised that all business license applications be submitted well in advance of all deadlines. All business licenses must be reviewed and approved by the appropriate City Departments prior to operation of the business. State law requires all business names be registered with the Utah Department of Commerce.

Solicitor License \$15.00

Applicant Information					
Applicant's Legal Name:		Former Names or Alias	Former Names or Aliases Used during the Last 10 Years:		
Home Address		Mailing Address if diffe	Mailing Address if different:		
Email:		ne:		Application Date:	
Driver License Number:		ate of Birth:		Social Security Number:	
Applicant's Signature			Date:		
Responsible Person or Emergency contact:					
Business Information					
Business Name:					
Business Address:					
Business Phone Number:	Tax ID Number:		Department of Commerce Entity Number:		
Proof of Identity					
Please provide a valid Driver's License or Other Approved Identification					
☐ Please visit the police department and attach a copy of your BCI Report (background check) to this application.					
Affirm or Deny each of the following statements – Circle Yes or No					
Yes / No Has the applicant been criminally convicted of: a) felony homicide, b) physically abusing, sexually abusing, or exploiting a minor, c) the sale or distribution of controlled substances, or d) sexual assault of any kind.					

Yes / No Are any criminal charges currently pending against the applicant for: a) felony homicide, b) physically abusing, sexually abusing, or

1 3 .,,,	exploiting a minor, c) the sale or distribution of controlled substances, or d) sexual assault of any kind.					
Yes / No Has the applicant been criminally convicted of a fe	Has the applicant been criminally convicted of a felony within the last ten (10) years.					
Yes / No Has the applicant been incarcerated in a federal o	Has the applicant been incarcerated in a federal or state prison within the past five (5) years.					
Yes / No Has the applicant been criminally convicted of a n	Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of: a) moral turpitude, or b)					
violent or aggravated conduct involving persons or property.						
Yes / No Has a final civil judgment been entered against the	s a final civil judgment been entered against the applicant within the last five (5) years indicating that: a) the applicant had either					
ngaged in fraud, or intentional misrepresentation, or b) that a debt of the applicant was nondischargeable in bankruptcy pursuant to 11 USC section						
523 (a)(2), (a)(4), (a)(6), or (a)(19).						
Yes / No Is the applicant currently on parole or probation to	o Is the applicant currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest					
or subject to a tracking device.						
Yes / No Does the applicant have an outstanding arrest wa	/ No Does the applicant have an outstanding arrest warrant from any jurisdiction.					
Yes / No Is the applicant currently subject to protective ord	s / No Is the applicant currently subject to protective order based on physical or sexual abuse issued by a court of competent jurisdiction.					
Business Spotlight						
If you would like your business information displayed on the Santaquin City website and other City social media accounts, please mark which information you would like included:						
please mark which information you would like inclu Business Name						
please mark which information you would like inclu Business Name Business Address	ded:					
please mark which information you would like inclu Business Name Business Address Business Contact Information	ded:					
please mark which information you would like inclu Business Name Business Address	ded:					
please mark which information you would like inclu Business Name Business Address Business Contact Information	ded:					
please mark which information you would like inclu Business Name Business Address Business Contact Information	ded:					
please mark which information you would like inclu Business Name Business Address Business Contact Information Brief Business Description Applic	ded:					

Application Review & Certification (FOR STAFF PURPOSES ONLY)					
☐ Police:	Date:	License Fee:			
—————————————————————————————————————		BL-Number:			
Business License Admin:		Payment Date:			
		SL – Number:			
Temporary Certificate Issuance Date:	Annual Certificate Approved: Yes / No	Written Notice Date Sent:			